



SAINT PIUS TENTH SCHOOL
3000 Chili Avenue
Rochester, New York 14624-4598
Telephone: (585) 247-5650 Fax: (585) 247-7409



TO: Parents/Caregivers
FROM: Maria Cahill, Principal
RE: Registration for the 2024-2025 School Year
DATE: December 2023

Enclosed in your registration packet are all the materials you will need:

- Letter from our Superintendent, Frank Arvizzigno
- Proper Placement of Students
- Screening Form
- Registration Form
- New Student Information Record
- 2024-2025 Tuition Rates
- Tuition Collection Policies and Procedures
- Family Church Commitment Memo
- Family Church Commitment Form (if applicable)
- Photo Opt-Out Form (NOTE: This only needs to be completed if you DO NOT wish your child to be photographed as written on policy sheet)
- NYS Health Appraisal Form
- Student Health History
- Release of Information Form (Grades 1-5 only)
- Ambassador Program Form
- Pre-K / K Questionnaire Form (if applicable)
- Volunteer Commitment Form

We ask that you carefully review these forms. The Registration Information Form, a copy of your child's birth certificate, non-refundable **\$150 registration fee** (checks made payable to Saint Pius Tenth School) and all necessary forms must be complete when you arrive to register. Any incomplete forms will result in a delay of registration and acceptance.

Families will receive acknowledgment of registration status prior to March 15, 2024.

PLEASE NOTE:

Financial aid (Grades K – 5 only) is available based on need and based on a specific formula. For further information contact the school office.

REGISTRATIONS WILL BE FINALIZED UPON RECEIPT OF ALL FORMS AND \$150 REGISTRATION FEE (MAKE CHECKS PAYABLE TO SAINT PIUS TENTH SCHOOL). ENROLLMENT IS NOT COMPLETE UNTIL AN ACCOUNT IS ESTABLISHED IN THE FACTS TUITION MANAGEMENT SYSTEM AND A PAYMENT PLAN IS CONFIRMED. Please note that there is an ANNUAL FEE assessed by FACTS for maintenance of the account. This fee is established and collected by FACTS Tuition Management. This is not a Saint Pius Tenth fee.



January 2024

Dear Families,

We are excited to welcome your family to a Diocese of Rochester Catholic School for the 2024-2025 school year. Whether you are returning or new to our system of Catholic Schools, we hope you are looking forward to another year of growing in faith, academics, and community.

In appreciation for the dedication of our current families, and to welcome more new families to our community, we are pleased to continue the Family Ambassador Program for the upcoming school year. Additional information can be found at www.dorschools.org/ambassador. In continuing the Ambassador Program, we recognize the role that our current families serve in promoting our outstanding Catholic Schools and value that support.

Together, our 15 diocesan schools welcome students in a variety of high-quality programs centered on spiritual growth, academic excellence, and service to those in need. For more information about school locations and financial aid, please visit our website at www.dorschools.org or contact the following schools directly:

Holy Cross School, Charlotte
Seton Catholic School, Brighton
St. Ambrose Academy, Rochester
St. Agnes School, Avon
St. Francis – St. Stephen School, Geneva
St. Joseph School, Penfield
St. Kateri School, Irondequoit
St. Lawrence School, Greece

St. Louis School, Pittsford
St. Mary's School, Canandaigua
St. Mary Our Mother School, Horseheads
St. Michael School, Penn Yan
St. Patrick's Preschool, Victor
St. Pius Tenth School, Chili
St. Rita School, Webster

Our skilled and certified teachers, support staff, and administrators continue to go above and beyond to offer students a transformative Catholic School education. We look forward to continuing our initiatives in teacher collaboration and personalized learning in the coming year, all while instilling a Catholic worldview in our learners.

I firmly believe that a Catholic education is a gift that lasts a lifetime, and I wish to recognize our families who sacrifice to prioritize this gift for their children. We are grateful for your continued faithfulness and dedication.

May God bless you and your families,

Frank Arvizzigno
Superintendent of Catholic Schools
Diocese of Rochester



PROPER PLACEMENT OF STUDENTS AT ST. PIUS TENTH SCHOOL

The Administration and Faculty of St. Pius Tenth School realize that the progress and growth of each child differs during their school career. Therefore, it is imperative that the proper placement is attained for each child.

It would be unfair and improper for St. Pius Tenth School to admit or retain any student for whom the school does not have an appropriate program.

To determine the proper placement of all students entering St. Pius Tenth School, the following procedures are required:

1. academic screening
2. review of previous school records
3. consultation with parents/guardians

For continued proper placement of all students currently in St. Pius Tenth School the following procedures are followed:

1. The faculty are required to monitor each child's progress in relationship to the class norm. This process is done through performance assessment, standardized testing, and quarterly reports.
2. The Administration and parents/guardians are to be informed of any student who, in the teacher's judgment, is significantly below the class norm (further diagnostic evaluation may be recommended).
3. Results of all evaluations will be shared with parents/guardians. The Administrator, in consultation with staff and parents/guardians, will make appropriate placement.



In order to help us to best meet the needs of your child, please answer the following questions.

Student Name _____

Grade Entering School in the 2024-2025 school year _____

Please circle yes or no for the following three questions.

- 1) Does this student have an Individualized Education Program (IEP)? Yes No
- 2) Does this student have a 504 Accommodation Plan? Yes No
- 3) Does this student have any other type of accommodation/support plan? Yes No

If you answered yes to any of the previous three questions, please share some information about your child's plans, supports, and accommodations. _____

Please share any information about this student that will help us to support him or her academically, socially, and emotionally in school.

Parent/Guardian Signature

Date

For Office Use Only:

Date Rec'd: _____
 Check/ Money Order #/ Electronic: _____
 Parish Commitment Form Rec'd: _____
 Birth Certificate: _____
 Student Start Date: _____
 Pre-K Only: _____
 Total Days: _____ Full Half



Saint Pius Tenth School 2024 - 2025 Registration Form

Parent/Guardian 1:

Last Name _____
 First Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Ph _____ Cell Ph _____
 E-mail Address _____
 Public School District _____ Religion _____

Parent/Guardian 2:

Last Name _____
 First Name _____
 Street Address (if different) _____
 City _____ State _____ Zip _____
 Home Ph _____ Cell Ph _____
 E-mail Address _____
 We are registered members of (Parish) _____

Race: A-Asian, AF-African American, C-Caucasian, H- Hispanic, AI- American Indian, MR- Multi Racial, PI- Pacific Islander, O-Other (specify)

Note: Race and Religion information is collected for state reporting only and holds no bearing on your child being admitted into the school.

Kindergarten - Grade 5 Registration (Registration for Siena Catholic Academy 6 th grade students must be done directly at Siena.)							
Student's Last Name	Student's First Name	M/F	Race	Date of Birth	Grade in Sept. 2020	Previous School Attended	
				/ /			
				/ /			
				/ /			
				/ /			
				/ /			
<i>Only new families or returning families that have changed parishes within the past year must submit an approved Commitment Form in order to receive the Catholic parishioner tuition rate.</i>							
Preschool Three and Four-Year-Old Program Registration							
4-Year-Old Options: 5 Full/3 Full/5 Half 3-Year-Old Options: 5 Full/3 Full/5 Half/3 Half Please note: 3 Day Option is M, W, F only.							
	Student's First Name	M/F	Race	Date of Birth	3 Or 4 Yr. Olds	AM	Full Day
				/ /		3 (PK 3) or 5	3 or 5
				/ /		3 (PK 3) or 5	3 or 5
				/ /		3 (PK 3) or 5	3 or 5
				/ /		3 (PK 3) or 5	3 or 5

Please circle which days of the week your child will attend if registering for Pre-K.

Please return completed registration form and \$150.00 non-refundable family registration fee to the Saint Pius Tenth School Office.

<https://giving.ncsservices.org/App/Form/6e637c71-8f8a-4976-9ea8-efa7930def48>



NEW STUDENT INFORMATION RECORD

This form is to be completed for each new student or sibling who has not attended this Catholic School before.

IMPORTANT: Each child attending a Diocese of Rochester Catholic School must have a completed form on file.

STUDENT INFORMATION (Please PRINT)

Date of Registration _____ Date of Entrance _____

Name of Child: _____ Grade Level Entering _____
First Middle Last

Birthdate: _____ Birthplace: _____ Gender: _____

Address: _____
Street City/Town State Zip

Public School District: _____

Ethnicity (Choose One)

- Asian African American Caucasian Hispanic American Indian Multi-Racial Pacific Islander Other

Choose one: Hispanic Non-Hispanic

LAST SCHOOL ATTENDED (Please PRINT)

School Name: _____ Last Grade: _____

Address _____ City/Town _____ State _____ Zip _____

RELIGIOUS INFORMATION (Please PRINT)

Student's Religion: _____ Parish _____

SACRAMENTS			
	DATE	CHURCH NAME	LOCATION
BAPTISM			
FIRST EUCHARIST			
FIRST PENANCE			
CONFIRMATION			

(Flip Over)





PARENT/GUARDIAN INFORMATION (Please PRINT.)

Child Lives With **(Please Choose):** Parents or Legal Guardian

Relationship to Student: _____

Parents are **(Please Choose):** Married Divorced Separated Single Remarried

FAMILY INFORMATION			
	FATHER	MOTHER (Maiden Name)	GUARDIAN
FULL NAME (INCLUDE Dr., Mr., Mrs., Ms., etc.)			
ADDRESS			
PHONE NUMBERS	Home: Cell: Work:	Home: Cell: Work:	Home: Cell: Work:
BIRTHPLACE			
YEAR OF BIRTH			
RELIGION			
CITIZENSHIP (COUNTRY)			
OCCUPATION			
OTHER LANGUAGES SPOKEN AT HOME			

OTHER CHILDREN LIVING IN YOUR HOME

CHILD'S <i>LAST</i> NAME	CHILD'S <i>FIRST</i> NAME	DATE OF BIRTH	SCHOOL ATTENDING	GRADE



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Accredited by
 Middle States Association

**Tuition Rates
 2024-2025 School Year**

K – 5

Enrolled Students	Active Parishioner*	2 Equal Payments- August and January	10 Equal Payments – August through May	Non-Parishioner*	2 Equal Payments – August and January	10 Equal Payments – August through May
1st Child	\$5784.95	\$2892.48	\$578.50	\$6982.75	\$3491.38	\$698.28
2nd Child	\$4148.84	\$2074.42	\$414.88	\$4893.23	\$2446.62	\$489.32
Each Add'l Child	\$2746.46	\$1373.23	\$274.65	\$3035.05	\$1517.53	\$303.51

Pre-School

Program Options	Annual Cost	Payment (2 equal payments – Aug. & Jan.)	Payment (10 equal payments Aug.-May)
5 Full Days (Pre-K 3 & Pre-K 4)	\$6252.94	\$3126.47	\$625.29
3 Full Days (Pre-K 3 & Pre-K 4)	\$5067.33	\$2533.67	\$506.73
5 Half Days (Pre-K 3 & Pre-K 4)	\$4819.82	\$2409.91	\$481.98
3 Half Days (Pre-K 3 ONLY)	\$3320.98	\$1660.49	\$332.10

These rates do not include the \$150.00 non-refundable family registration fee.

Families who wish to enroll as parish sponsored must meet certain parish expectations to qualify for their parish's financial support.

Financial assistance for tuition (available for Grades K – 5) is available based on financial need.

Parents can apply for financial assistance by submitting a FACTS Grant & Aid Application. The FACTS Application fee is \$30.00 per family, payable to FACTS.

Website: <http://www.saintpiustenthschool.org>

email: maria.cahill@dor.org

**SAINT PIUS TENTH SCHOOL
TUITION COLLECTION POLICIES AND PROCEDURES**

We cannot accept registrations from families who are delinquent in tuition payments.

ACADEMIC SCHOOL YEAR DUE DATES

Saint Pius Tenth School uses FACTS / Nelnet Business Solutions as its official tuition payment service. FACTS offers three payment options:

1. Payment in Full (due **August**).
2. Semi-annual Payments (due **August** and **January**).
3. Monthly automatic bank debit (ACH) - \$50.00 per family annual fee. Payments will be made over 10 months beginning in August and ending in May.

Using options 1 and 2 helps keep costs down for the Saint Pius Tenth School by improving cash flow.

If the due date falls on a weekend or holiday, your payment will be due on the next business day.

If a family registers after July 1st, our billing process has already begun. They are required to pay registration fees plus two months of tuition and extended care (if applicable).

****Please Note:** There is an ANNUAL FEE assessed by FACTS for maintenance of the account. This fee is established and collected by FACTS Tuition Management. This is not a Saint Pius Tenth fee.

MISSED PAYMENT FEES

A "missed" payment will generate a missed payment fee of \$30.00 5 days after the attempt, and an automatic reattempt will be made 15 days later.

DELINQUENT ACCOUNTS

Families who are **one payment in arrears** will be notified by the FACTS system as being **PAST DUE**. The pastoral administrator, business manager, and principal will be notified of the past due status.

Families with an outstanding tuition and/or extended care balance **two payments in arrears** will be notified by the FACTS system as being **SERIOUSLY DELINQUENT**. FACTS will provide a written **CRISIS NOTIFICATION** to the families. The pastoral administrator and principal will be notified of the **seriously delinquent** status. The **CRISIS NOTIFICATION** will alert the family that the **student will not be allowed to attend classes** beginning the first of the following month.

FACTS and Saint Pius Tenth School will pursue every avenue to obtain tuition and, including collection agencies and legal options. School records will not be released until the outstanding balance is paid in full, as well as any collection fees incurred.

PARISHIONER STATUS

Families are granted parishioner status by pastoral administrator authorization. Neither Saint Pius Tenth School nor the school principal has the authority to grant parishioner status.

Should a discrepancy arise regarding a family's parishioner status, it must be resolved through their home parish. **It is the responsibility of the family to resolve the discrepancy with the Pastor/Pastoral Administrator, not Saint Pius Tenth School or the school principal.**

REFUNDS

Registration fees are not refundable.

If an account has a **credit balance** at the time of withdrawal, a refund check will be issued.

Church/Parish _____

School Year _____

FAMILY/CHURCH COMMITMENT FORM CATHOLIC SCHOOLS

Catholic education recognizes parents as the primary educators of their children. When parents make the choice of a Catholic school, they enter into a partnership in the education and formation of their children. This partnership becomes most effective when the formal education that takes place in the school is reinforced and witnessed in the home. This is particularly true in regard to the faith formation of children, where it is reasonable to expect that the Gospel values espoused in the Catholic school are actively lived out in the home.

The **Family/Church Commitment Form** represents the formal expression of the intent of parents and parishes to join in active partnership in the formation of their children. Parents, as primary educators commit to:

1. Formal registration in a parish or church
2. Regular church attendance; and
3. Spiritual, personal and financial support of the parish or church.

Catholic parishes, in turn, commit to the spiritual support of member families in the education/formation of their children, as well as support of Catholic Schools. Non-Catholic churches are asked to make a moral commitment of support of the family's efforts to educate their children.

It is understood that the vast majority of parents with children in Catholic schools are already meeting and/or exceeding the above expectations. The completion of this form for these families serves as an affirmation of that commitment and participation in parish life.

Parent Name(s) _____ **Phone** _____
(as registered in Parish/Church)

Address _____ **City** _____ **Zip** _____

Child(ren)'s Name(s)	School (as of next September)	Grade (as of next September)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Commitment:

I/we understand that our role as primary educator calls us to be active in the life of our parish and school. This involves formal registration in the parish, regular attendance, and financial support to the extent that family circumstances allow.

Parent or Guardian _____ **Date** _____

Signature(s) _____

Church Commitment:

This family is recognized as members of our faith community, and will be supported in their desire for a Catholic school education.

Pastor or Delegate Signature _____ **Date** _____



PHOTO OPT-OUT POLICY AND FORM PHOTOGRAPHY POLICY

Throughout the year, the Diocesan Catholic Schools often takes photographs of their students engaging in classroom activities and participating in school events. The photographs are used for general marketing purposes in publications, public relations, promotions, and advertising – both in print and online. They are also posted on Facebook, Instagram, Twitter, and on the teachers’ classroom pages as a way to share the students’ school day with their school families. SeeSaw is sometimes used by some classroom teachers and parents only. SeeSaw information is not posted publicly.

To protect our students’ identity, we will NOT use their full names and biographical information in conjunction with photographs designated for promotional purposes to the general public. However, internally distributed materials, such as the school yearbook and newsletter, will include our students’ full name. In the event a third party wishes to publish a news-related story about our school, we will do our best to limit them to the use of the students’ first name and last initial only.

This opt-out form is effective for the current school year only.

Yes, Take Pictures of My Child(ren)

If you want photographs of your child(ren) to be published as specified above, then **no further action is required.**

No, Do Not Take Pictures of My Child(ren)

If you **DO NOT** want photographs of your child(ren) to be published as specified above, you must complete this form and return it to the main office with your registration paperwork.

PHOTO OPT-OUT FORM

- I **DO NOT GIVE** my Diocesan Catholic School permission to take photographs of my child(ren) for the following purposes:
- All Print and Online Marketing Initiatives (includes the school’s Website)
- School’s Facebook, Instagram and Twitter Pages
- Teacher’s Classroom Page
- SeeSaw (Private on-line platform)

Parent’s/Guardian’s Name: _____

School Name: _____ School Year: _____

CHILD’S LAST NAME	CHILD’S FIRST NAME	Grade

(This opt-out form is effective for the current school year only)

Parent’s/Guardian’s Signature: _____ Date: _____



**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done **Hypertension:** No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5 \mu\text{g/dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
		<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS		
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					

SAINT PIUS TENTH SCHOOL

STUDENT HISTORY

Student's Name _____ Sex _____ Date of Birth _____

Physician's Name _____

Physician's Address _____

Has your child ever had any of the following? If "yes" please comment.

	NO	Yes	Comment
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Seizures	_____	_____	_____
Bleeding Tendencies	_____	_____	_____
Heart Disease	_____	_____	_____
Tuberculosis contact	_____	_____	_____
Rheumatic Fever	_____	_____	_____
Severe Headaches	_____	_____	_____
Chicken Pox	_____	_____	_____
Cancer	_____	_____	_____
Leukemia	_____	_____	_____
Vision Problems	_____	_____	_____
Hearing Problems	_____	_____	_____
Speech Problems	_____	_____	_____
Orthopedic Problems	_____	_____	_____
Other _____	_____	_____	_____

Approximate date of the most recent physical examination _____ exam was done by:

Physician's Name

Physician's Address

Has your child had any operations (including tonsillectomy)? _____ When? _____

Has your child had any serious accidents or injuries? _____ When? _____

Is your child now or has he/she ever been on any regular medications? _____ When? _____

Explain _____

Does your child have any special health problems or restrictions? _____ Explain _____

Date

Parent Signature

I give permission for the above health history information to be shared with appropriate school personnel as necessary to promote the health and education of my child.

Date

Parent Signature



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AUTHORIZATION FOR RELEASE OF INFORMATION:

As parent or legal guardian of _____, I give permission
 for the release of the following information concerning my child and /or children.

- Cumulative Records: _____
- Health Records: _____
- Psycho Educational Records: _____
- Verbal and Written Communication: _____
- Other: _____

 Parent/Guardian Signature

 Date

School official authorizing the release and/or request of information:

 Date

 Signature

Agency/person releasing/receiving information: _____

Address: _____



THE FAMILY AMBASSADOR PROGRAM-Frequently Asked Questions

What is the Family Ambassador Program?

The Family Ambassador Program is designed to increase enrollment at the 18 Diocese of Rochester Catholic Schools through the ambassadors of our treasured school communities – our families.

How does the Family Ambassador Program work?

A current family refers a brand-new family to one of the 18 [Diocese of Rochester Catholic Schools](#). To be eligible for the referral credit, the new family cannot be a former or currently registered family at one of the 18 Diocese of Rochester Catholic Schools. If the new family registers, *and remains enrolled*, the referring family receives a **\$500 tuition credit**. The credit is disbursed to the referring family’s account over the remaining months of the school year.

The disbursement is contingent on the new family remaining at a Diocese of Rochester Catholic School and is funded by the parish school that welcomes the new family. In addition, the newly enrolled family will also receive a **\$500 tuition credit**, disbursed over the remaining months of the school year. *Please submit a W-9 with the completed referral form.*

Which schools qualify as [Diocese of Rochester Catholic Schools](#)?

The following schools qualify:

All Saints Academy, Corning

Holy Cross School, Charlotte

Holy Family Elementary School, Elmira

Seton Catholic School, Brighton

Siena Catholic Academy, Brighton

St. Agnes School, Avon

St. Francis-St. Stephen School, Geneva

St. John Neumann School, Rochester

St. Joseph School, Penfield

St. Kateri School, Irondequoit

St. Lawrence School, Greece

St. Louis School, Pittsford

St. Mary’s School, Canandaigua

St. Mary Our Mother School, Horseheads

St. Michael School, Penn Yan

St. Pius X School, Chili

St. Rita School, Webster

What are the restrictions?

Only one current family may receive the tuition credit for a newly registered family. The referral will be verified by the receiving school office and issued on a first-received basis. The Family Ambassador Program form must be submitted to the receiving school principal for authorization. The program applies to students in Pre-K 3-year-old through 8th grade. *The tuition credit will be pro-rated for Pre-K based on program selected by the new family.* The current family receives the tuition credit for a family, not each student. Additionally, the tuition credits cannot exceed a family’s tuition balance. Please note that the tuition credit will cease if the new family withdraws before the entirety of the tuition credit is disbursed. Employees of the schools and parishes are not eligible for this program.

How do I apply?

Complete the Family Ambassador Program form and return to the school principal.



Referral Form

Date of Referral: _____

Referring Parent/Guardian Name: _____
(Print Current Family Name)

(Signature)

Referred Family Name _____ who is registering
(Print Referred Family Name)

at _____ in _____
grade. (School Name) (Grade – PreK-8)

(Signature of Principal)

(Date)

Referring Family:
 W-9 Received

Newly Enrolled Family:
 W-9 Received

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
or									
Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



SAINT PIUS TENTH SCHOOL
3000 Chili Avenue
Rochester, New York 14624-4598
Telephone: (585) 247-5650 Fax: (585) 247-7409



PRE-KINDERGARTEN QUESTIONNAIRE

CHILD'S NAME: _____ SEX: _____

ADDRESS: _____

PHONE: _____ BIRTHDATE: _____

How does your child relate to other children?

Brothers and sisters _____

Playmates _____

Has your child had previous group experience?

Describe: _____

What is your child's temperament like? _____

What type of discipline works best with your child? _____

How does he/she react to it? _____

Is your child able to separate easily from you? _____

What would you estimate your child's attention span to be for a quiet activity?

What school activities can your child already do?

Can count to _____ Cuts with scissors _____

Knows alphabet _____ Uses crayons _____

Knows colors _____ Remembers stories _____

Writes name _____ Knows shapes _____

What do you feel will be your child's biggest adjustment to Pre-K?

Do new people find your child's speech difficult to understand?

Does your child need special care for any reason? _____

Our preschoolers are expected to use the bathroom independently. Is your child fully potty trained and able to wipe him or herself? _____

Can your child pull up their own pants? _____

Can your child wash their hands independently? _____

Are there any special circumstances in your home situation that would be beneficial to know?
(Recent move, separation or divorce, live-in grandparent, another language spoken)

Is your child right-handed or left-handed? _____

How often do you and your child use scissors together? _____

What is your child's favorite TV program? _____

What is the name of your child's favorite book? _____

Has your child participated in any small group activities such as Library Story Time, play groups, etc. _____

Do you shorten your child's formal name at home? (i.e., Susie for Susan, Katie for Katherine)

What name would you like us to use in the classroom with your child?



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KINDERGARTEN ENROLLMENT QUESTIONNAIRE

It is our goal to create a meaningful learning experience for our kindergarten students. Please provide the following information to help us know more about your child.

Name _____ Date of Birth _____

Address _____

E-mail address _____ Phone _____

Has your child attended 2-day pre-school? _____

Name of pre-school _____ Dates attended _____

Has your child attended 3-day pre-school? _____

Name of pre-school _____ Dates attended _____

MEDICAL HISTORY

Was your child born prematurely? _____ If so, how much? _____

Was birth completely normal? _____ If not, please explain. _____

Has your child ever had a serious illness? _____

Comment: _____

Has your child ever had an operation? _____

Comment: _____

Has your child had any eye or ear examinations/treatments? _____

Comment: _____

Does your child need special care for any reason? _____

Is there any other medical history of which you feel we should be aware? _____

ENVIRONMENTAL FACTORS

What are the major events in our child's life recently? (Moving, travel, divorce, remarriage, new siblings) _____

What form of discipline works best with your child? _____

How does your child react to discipline? _____

Does your child have any particular fears? _____

In what areas would you like to see your child grow stronger?

1. _____ 3. _____

2. _____ 4. _____

DEVELOPMENTAL HISTORY

At approximately what age did your child first begin to speak? _____

Do you consider your child's speech age-appropriate? _____

Is your child able to follow two or three directions given at the same time? _____

Has your child been involved in any early intervention programs? (i.e. Speech/language, occupational or physical therapy services) _____

Describe your child's attention span. _____

Is your child right or left handed? _____

Do you regularly read to your child? _____

Does your child express an interest in any of the following?

Free play _____ Role playing _____ Letters _____

Numbers _____ Printing _____ Drawing _____

Coloring _____ Puzzles _____ Books _____

Do you have any concerns about your child's readiness for kindergarten? _____

Please indicate the two most important reasons for sending your child to Saint Pius Tenth School.

Religious values and instruction _____ Discipline _____

Siblings already attend _____ Academic Achievement _____

Recommendation by family or friends _____



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Volunteer Commitment 2024-2025 School Year

Dear St. Pius Tenth School Families,

We have many events and activities planned that are only possible with the help of our wonderful families. We ask that each family choose a minimum of **TWO** events that you would like to volunteer for. If you are interested in chairing one of these events, please note that as well.

Creating a Safe Environment (CASE) is a Ministry of the Diocese. It protects and informs our children, youth, and vulnerable adults. CASE training is a simple process and takes only minutes. As part of this Ministry, all volunteers and persons entering the school building, who will have any contact with children, are required to adhere to the following: Online Training Course, Criminal Record Check and sign a Volunteer Code of Conduct every three (3) years. CASE applications are available at the main office.

Thank you in advance for your time and consideration. We could not do it without you!

God Bless,

Maria Cahill
 Principal

Name: _____

Email: _____

Name: _____

Email: _____

Santa's Secret Shop _____

School Dance(s) _____

Open House/Ice Cream Social _____

After School Clubs _____

Field Day (June) _____

Faculty / Staff Appreciation _____

Spirit Wear organization _____

Scholastic Book Fair _____

Halloween Trick-or-Treat Event _____

Optional Lunch Program _____